U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1/2

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

T/T/04 Through: 12/31/04

Name Ernest Gigliotti Name Teamsters Local 30 Labor Organization File Number P.O. Box, Bidg., Room No., if any Street 720 Lowry Avenue City Jeannette State PA ZIP Code + 4 15644 5. Position in labor organization. President Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit or monetary value from an employer whose employees your organization represents or is actively seeking to represent. 5. Name and address of Employer (including trade name, if any). 7.a. Nature of interest. Transaction, or income. 7.a. Nature of interest. Transaction, or income. Signature 15. Signature and verification. The undersigned declares, under penalty of Pertury and other applicable penalties of the law, that all of the information submitted in this report (including the information numbers) has been examined by the signatory and is, to the best of the undersigned belief, true, correct, and complete. (See the section on penalties in the instructions)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Sign:	ature a	
Signed 19 1910 On 01/15/05 (124) 527-1523	15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the signature. On 01/5/05 (124) 527-/523	
Date Telephone Number Form LM-30 (2003)		Date Telephone Number	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
AND	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name :				
Trade Name, if any:		and the second s		
P.O. Box, Bldg., Room No., if any	Semination of the semination o			
Street	And the state of t			
	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.	3		
State ZIP Code + 4	The state of the s	Code		
		200		
		TO THE COMMENT		
	- Albertan	A constant		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	}		
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and by valued at \$50.00 from law fi	irm who		
Trade Name, if any:	represents Teamsters Local 3	30.		
P.O. Box, Bldg., Room No., if any				
Street 219 Fort Pitt Boulevard		an Tourist Annual Control of the Con		
City Pittsburgh		va van meeske		
State PA ZIP Code + 4 15222				
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment.	\$50.00		

File Number U-

Name of Person Filing

Ernest Gigliotti